LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
October 2, 2025

Commissioners	Present	Absent
David Marshall, D.N.P., Chair	**X**	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair	**X**	
Christopher Bui, M.D.	**X**	
Michael Cousineau, MPH, Ph. D	**X**	
Mark Marat Hay, Ph.D	**X**	
Laura LaCorte, J.D.	**X**	
Patrick Ogawa	**X**	
Elisa Nicholas, M.D.	**X**	
Margaret Farwell Smith		**X**
Stanley Toy, M.D.		**X**
Rosemary C. Veniegas, Ph.D.	**X**	
Tia Delaney-Stewart	**X**	
Jennifer Sudarsky		**X**
DHS Staff		
Allen Gomez	**X**	
Connie Salgado-Sanchez	**X**	
County Counsel		
Natasha Mosely	**X**	
Lynette Clyde	**X**	
Members of the Public		
Mercy, UniHealth Foundation	**X**	
Aaron William Fox	**X**	
Victoria Gomez	**X**	
Elizabeth Arrazola	**X**	

1. **Call to Order**
   The meeting was called to order at 10:30 by Commission Chair David Marshall. Quorum was not met, and a fifteen-minute recess was called.

2. **Roll Call**
   Allen Gomez, Commission staff, called the roll. Quorum was not met, and a recess was called. At 10:36, quorum was met.

3. **Welcome**
   Commission Chair Marshall welcomed all members of the commission, staff, and guests.

4. **Action Item:**
   - Approval of September 4, 2025 Minutes: Approved unanimously

5. **Presentation – General Discussion with Dr. Aries Limbaga, Dr. Christina Ghaly's Designee**

• Dr. Aries Limbaga is the Chief Deputy Director of DHS	

• He oversees Nursing, Lab services, core operational areas. • He has been with DHS for 25+ years • He also served as the CEO at Rancho Los Amigos • DHS continues working on high level cost effectiveness projects with a goal of cost savings • Noted that he would cover high level systemic efforts and the COOs would discuss what was occurring at a local level • A significant labor area is nursing • There is a nursing shortage across the health system • Efforts are in place to reduce registry use and improve retention of nurses • From July 1, 2024 – July 1, 2025 – there was a reduction in registry nurses from 795 to 262, resulting in savings of about $90M • Residency programs at each hospital have helped to reduce turnover rate which is 8-9% compared with the national average of 16-17% • Two of our hospitals have achieved Magnet status this year for nursing excellence and a Leapfrog A Grade for LA General • Quality has not suffered as a result of the cost savings measures • There is a hiring freeze, but the nursing teams have hiring plans and DHS is ensuring that DHS is hiring the essential staff • Another area of concern is pharmaceuticals, whose costs continue to rise, and the effects of the tariffs are unknown because so many generic medications come from overseas • In response, DHS is leveraging our 340 B pricing and effectively using clinical pharmacists to manage medications under doctors' protocols • DHS has renegotiated contracts with labs and saved $13M • Developing expected practices for providers to establish protocols for needed labs to ensure appropriate utilization of lab and pharmaceuticals Question - Do you standardize medical device protocols? o Yes, they're system level Question - Is there still a cascading system in place for nurses? o None planned within the next six months. o That would be governed by the MOU with the Union and Civil Service rules, which are outside of DHS' control • DHS' strategy now is to reduce costs as much possible, capture revenue and wait.	

6. **General Discussion with DHS Hospital COOs: Marco Torres, COO LA General; Ben Ovando, COO Rancho Los Amigos National Rehabilitation Center; Judith Millsap, COO Harbor-UCLA Medical Center**

Judith Millsap, COO Harbor-UCLA Medical Center • Harbor is also being intentional about registry use and effective and efficient hiring • Actively connecting with graduating students because many of the nurses are from the community and they're striving to give people the opportunity to become a part of DHS, versus just giving them a job. • Leadership is connecting with staff to gain insights on what works best • Established a value analysis committee looking at contracts and supplies to ensure the cost of supplies and contractors are advantageous to the hospital • Evaluating existing contracts to seek partnership because the fiscal climate is different now and we're asking them to find ways to effectively partner with us • Seeking ways to delete budget vacancies that are no longer pertinent and have not been filled in the past 900 days to enable us to get a clear understanding of actual personnel patterns and needs Question - Where are you finding that you are getting hires? Private training? Other universities? Marco Torres, COO LA General: • LA General has a partnership with CONAH which recruits the nursing staff out of the program into the workforce, we recruit graduates with AA degrees to work in their field and we encourage them to continue with their education. Question - Where do you lose staff? Burnout? Do they change professions? Go to other facilities? o The turnover rate for nurses is approximately 8% - mostly in the first 5 years, and they can often go to private hospitals. Sometimes they return after working in the for-profit hospitals that are structured differently. o The DHS salaries are not as competitive for early career staff, but our packages overall are competitive	

Question – You mentioned efficiencies with regard to workforce. What about leadership efficiencies? • At LA General, Dr. Spellberg runs a very lean, tight medical position organization. He also brings on USC providers to LA General that are not shared with USC, which helps with quality of care • LA Gen is working on professional development to create succession planning in the medical, nursing and administration arenas • They are looking at vendors and contractors to improve efficiencies • For example, much of the equipment in the hospitals is at end stage of life after 15 years and the partners are saying that everything needs to be replaced, and seeking to amend and upgrade service contracts. LA General is pushing back to extend service contracts and maintain medical equipment longer • Hospital administration at all levels is being collapsed into a flatter structure for improved efficiencies • Also looking at staffing ratios to more effectively distribute staff supervision, cross-training and professional development Comment – when talking about long term impact of efforts to survive, someone in upper management should keep track of personnel issues. Budgeted items can be changed, but the right questions need to be raised to HR and Civil Service Commission. • This is a time to seek opportunities like how to advocate for more independence for nurse practitioners to fill in primary care needs • Harbor-UCLA – a new stroke center is being developed that requires a certain staffing level in neurology – they are ramping up and preparing for a successful implementation in anticipation of an influx of new patients The Commission thanked the COOs for their time, efforts and good work during this challenging financial time.	

7. Items for discussion and possible action:

	DISCUSSION/FINDINGS	**RECOMMENDATIONS, ACTIONS, FOLLOW-UP**

a. Assess the Hospital Commission Bylaws for relevance and propose revisions to enhance operational effectiveness	The Commission members discussed the changes to the bylaws proposed by District 2. Comments included the following: Legal Authority: • The proposed changes expand the scope of the Commission's authority from serving as an advisory body to assuming management and/or oversight functions in certain areas, which would be challenging, and would require significantly more time, resources and staffing. It also would require the County to provide the Commission with much more information in advance for the Commission to meet these obligations. This could create obstacles to DHS management performing their duties. • Even if the Commission members agreed to the proposed changes, the Commission's existing powers and duties are set forth in LA County Code 3.32, and the Board of Supervisors would need to approve any revisions to the Code to incorporate these proposed changes. • Current powers allow the Commission to consult and advise; they do not allow evaluation • Wouldn't it be more appropriate to change the County Code first and then amend the bylaws? • With existing resources, it is unclear why this proposed change is necessary since the Commission is currently meeting its roles and responsibilities. • Under the current bylaws, the commission has historically advised on areas and successfully implemented meaningful changes • A commissioner expressed concern about being informed of significant DHS developments in a timely manner. Other commissioners noted that Dr. Ghaly, or her designee has committed to coming to the Commission monthly to keep the Commission informed during this time of financial volatility Organization and Structure of the Commission: • The composition of the Commission would change with the provision requiring 20% of appointees to be consumers or caretakers of someone receiving services from DHS	Allen offered to share the HMHS Cluster agenda FSS Cluster Commissioner Delaney-Stewart will draft comments on the article I and II, III to be shared with the Board.

	• These proposed changes appear to be based on changes that were approved for the mental health commission, but those changes were dictated by regulation. • Recommended waiting for County code to be amended followed by adopted bylaws approved by the Supervisors	
b. Discussion Commission Site Visits		Continued to November
c. Discussion – Commission Guest Speakers	January – Johan Julian February – Dr. Christina Ghaly March – Dr. Jennifer Hunt (ODR) April – LA Care May – Dr. Clemens Hong June – Sarah Mahin, Housing for Health July – meeting dark August – Dr. Nina Park and Liz Jacobi September - Hospital CEOs October – Hospital COOs November - Aries Limbaga, Chief Deputy Director of Operations/ Sylvia Miller-Martin, DHS Systems Chief Operating Officer December – Coral Itzcalli	Continued to November
d. Discussion – 2025 Strategic Priorities • CalAIM • Quality of Care • Workforce		Continued to November
e. Discussion – Department of Health Services Dashboard		Continued to November
f. Discussion on State and Federal Legislative Policy Updates		Continued to November

7. Items not on the posted agenda for matters requiring immediate action because of an emergency, or where the need to take immediate action came to the attention of the Commission after the posting of the agenda.

Discussion to change the language in the current bylaws regarding the quorum requirement to: *A quorum shall be defined as one person more than one-half of the appointed members. Appointed members do not include unfilled positions, including those that are vacant due to resignation or removal. A quorum shall be required for any Commission action.*

On motion of Commissioner McCloud and Seconded by Commissioner Delaney-Stewart:

Members Ayes: 8

Nays: 0

Ayes: Chair Marshall, Commissioner LaCorte, Commissioner Veniegas, Commissioner Ogawa, Commissioner Cousineau, Commissioner Nicholas, Commissioner Bui, Commissioner Hay

Nays: None

8. **Public Comment –** Elizabeth Arrazola from 2nd Supervisorial District addressed the Commission.

9. **Adjournment**

   The meeting adjourned at 12:34 p.m. next regular meeting is scheduled for October 2,

   2025.